

## EDITORIAL

### **Advancing Anaesthesia Practice through Local Evidence and Global Standards: Reflections from the Second Issue of the Nigerian Journal of Anaesthesia**

It is with great pleasure and a sense of profound responsibility that I welcome readers to the second issue of the Nigerian Journal of Anaesthesia (NJA). Although the field of anaesthesiology has made remarkable progress globally, local challenges, contextual realities, and unique clinical experiences continue to shape practice in low- and middle-income countries. These realities have given rise to this dedicated platform that captures indigenous evidence, amplifies local innovation, and stimulates scholarly discourse on issues central to patient safety, perioperative care, and the wellbeing of anaesthesia providers.

Anaesthesia practice in Nigeria stands at a pivotal moment. The country has witnessed steady growth in specialist training, increased exposure to advanced surgical techniques, and renewed interest in sub-specialties ranging from cardiothoracic anaesthesia to pain medicine and critical care. Yet, persistent barriers, such as limited resources, workforce shortages, and variable access to modern equipment, continue to challenge the delivery of high-quality anaesthetic care. More than ever, the profession requires a robust research culture driven by clinicians who are eager to interrogate practice patterns, evaluate outcomes, adopt best practices, and ask questions that matter for our patient populations. This journal is intended as a vehicle to support that culture by giving opportunities for evidence generation, knowledge sharing, and professional growth.

The manuscripts featured in this reflect the breadth and depth of contemporary anaesthesia practice in Nigeria. They highlight emerging themes that are both locally relevant and globally significant: regional anaesthesia uptake, advances in cardiothoracic anaesthesia, provider wellbeing, comparative effectiveness of anaesthetic techniques, perioperative analgesia, and the complexities of managing rare cardiac anomalies. Together, they paint a compelling picture of a discipline committed to innovation, safety, and continuous improvement.

The assessment of regional anaesthesia exposure and utilisation among anaesthetists in Nigeria provides an important window into practice trends within the country. Regional anaesthesia has gained recognition globally for its benefits in postoperative pain control, early mobilisation, reduced opioid requirements, and improved patient satisfaction. However, the extent to which these benefits are realised depends on adequate training, confidence, and institutional support. The findings presented in this issue underscore existing gaps in exposure and highlight opportunities for strengthening residency training, investing in ultrasound technology, and promoting continuing professional development. As surgical volumes rise and the burden of multimorbidity increases in Nigeria, expanding capacity in regional anaesthesia will be essential for improving perioperative outcomes.

Complementing this is a scoping review on recent advances in cardiothoracic anaesthesia, a field that continues to expand with rapid technological innovations and evolving practice paradigms. For African anaesthetists, many of whom practise in resource-limited settings, this review serves as an invaluable reference point for understanding global trends while identifying areas where local practice can be strengthened. Importantly, it also points to the need for targeted investment in specialised training and infrastructure to enable the growth of cardiothoracic services on the continent.

Three clinical case reports in this issue further emphasise the critical thinking, adaptability, and ingenuity required of anaesthetists who work in challenging environments. The report detailing anaesthetic management of a patient with cor triatriatum dexter and multiple cardiac anomalies brings to the fore the complexity of providing safe care for patients with rare congenital heart defects, particularly when advanced diagnostic tools and monitoring devices may not be readily available. Similarly, the case describing spinal anaesthesia for posterior spinal decompression in a patient with an intracoronary stent illustrates the art of balancing surgical needs, patient comorbidities, and anaesthetic risk in order to minimise potentially catastrophic perioperative cardiovascular events. These cases are more than clinical narratives; they are reflections of the resilience and clinical acumen that define anaesthesia practice in Nigeria.

Provider wellbeing is an emerging area of global concern, and this issue includes a timely scoping review examining burnout among anaesthesia providers in sub-Saharan Africa. The challenges faced by anaesthetists which include high

workload, inadequate staffing, limited equipment, and exposure to high-stress emergencies, are all well documented. Yet, African perspectives on burnout remain under-represented in the literature. By synthesising available evidence, the authors highlight not only the prevalence and drivers of burnout but also the urgent need for institutional reforms, investment in workforce expansion, and development of organisational support systems that safeguard both provider safety and quality of patient care.

Several studies in this issue also examine the comparative effectiveness of anaesthetic techniques and adjuncts. A comparative analysis of postoperative recovery following posterior lumbar laminectomy under general versus spinal anaesthesia adds to the growing body of evidence on optimising perioperative care in spine surgery. The inclusion of a clinical trial assessing the effects of intravenous magnesium sulphate on postoperative analgesia after myomectomy and hysterectomy further enriches the discourse on multimodal analgesia, a key strategy for improving surgical outcomes, reducing opioid consumption, and enhancing patient comfort. Such studies are essential for guiding context-appropriate practice, especially in environments where cost, resource availability, and patient preferences influence decision-making.

Taken together, the manuscripts featured in this issue reflect the vibrancy and promise of anaesthesia research in Nigeria. They demonstrate that, despite resource challenges, Nigerian anaesthetists continue to ask important questions, conduct meaningful research, and contribute to the global body of knowledge. We appreciate the authors who entrusted us with their work, the reviewers who generously offered their expertise, and the editorial board members whose dedication has made this issue possible. I invite clinicians, researchers, trainees, and students to join us in this scholarly endeavour by submitting manuscripts, serving as peer reviewers, and contributing to the growth of anaesthesia research in Nigeria.

**Prof. Tonia C. Onyeka**  
**Member, Editorial Team**

